SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT
PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: **Township of Lakewood**   County: **Ocean**

Employee Organization: **AFSCME Council 71, Local 3790**   Employees in Unit: **78**

Base Year Contract Term: **1/1/2011   12/31/2012**   New Contract Term **1/1/2013   12/31/2015**

Type of Settlement: ☑ Mediated Settlement   ☐ Fact-Finder Recommendation   ☐ Voluntary Settlement   ☐ Super Conciliation

Section II: Economic		Column A **Base Year - Total Costs** *(Last Year of Previous agreement)*	Column B **New Base Year - Total Costs** *(First Year of Successor agreement)*
Item 1	Salary	$3,497,566	$3,531,390
Item 2	Increment	$10,031	$10,142
Item 3	Longevity	$47,782	$35,996
Item 4	Stipend	$500	$500
Item 5	Clothing Allowance	$10,400	$5,200
Item 6	Education Stipend		$14,500
Item 7			
Item 8			
Item 9			
Item 10			
Item 11			
Item 12			
Any additional items list on seperate sheet	Additional Items		

Section III: Totals - Sum of costs in each column	$3,566,279	$3,597,728
	(Total)	(Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)   **$3,566,279**

Effective Date (m/d/yyyy)	1/1/2013	1/1/2014	1/1/2015			
Percent increase	2.0%	2.0%	2.0%			
Total cost of increase ..	$31,449	$71,551	$78,216			
Total base salary (successor agreement)	$3,597,728	$3,638,734	$3,716,950			

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement)	2.10
Dollar Impact (average per year over term of agreement)	$60,405.00

Section VI

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1					
Cost of Health Plan	$1,442,456	$1,600,914					
Employee Contributions	$70,121	$112,217					
Prescription							
Dental							
Vision							

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.